

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 9 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13082</u>	2. Fiscal Year Covered From <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Henry M Calio</u> P.O. Box, Bldg, Room No., if any <u>P.O. BOX 354</u> Street City <u>Waiialua</u> State <u>Hawaii</u> ZIP Code + 4 <u>96791</u>	4. Name, file number, and address of labor organization. Name <u>Asbestos Workers AFL-CIO LU 132</u> Labor Organization File Number <u>054-642</u> P.O. Box, Building and Room Number, if any <u>206</u> Street <u>707 Alakea Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96813</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Henry Calio</u>	On <u>8/12/05</u> Date	<u>808 637-0731</u> Telephone Number

Name of Person Filing	Henry Calio	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Training Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee of the Board and Instructor. Provide Participants in the industry adequate training to be a skilled worker and to defray reasonable expenses of administration cost necessary to obtain employment</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received.</p> <p>Attend meeting, conference and instruct class. Food, Lodging, airfare & pertaining expense are provide.</p> <p>Instructor Fees--\$988.00</p> <p>Lost Time Wages - \$517.00</p> <p>Meetings - 5.00</p> <p>12.b. Amount. \$1,520.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	HENRY CALIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business; of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos of Hawaii Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XXa. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee for the Asbestos Workers Pension which is a Taft-Hartley defined contribution benefit plan. Attend quarterly, annual meeting educational conference. Food, lodging & airfare is provided and pertaining expenses.</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received.</p> <p>Educational conference are to keep up dated with the latest information to make improvements for all participants as well as attending meeting & educational conference.</p> <p>Meeting - \$359.00</p> <p>Conference - \$4,475.00</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers of Hawaii Health & Welfare Trust Fund
Trade Name, if any:

P.O. Box, Bldg., Room No., if any 625

Street 677 Ala Moana Blvd.

City Honolulu

State HI ZIP Code + 4 96813-5419

9. Business deals with:

XX a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Labor Board of Trustee. Oversee benefits such as medical, dental, drug, etc in behalf of the participants.

Attend meeting & conference to keep inform

11.b. Approximate dollar value of such dealing. see attach

12.a. Nature of interest had or income received.

Interest is in behalf of the participants. Improvements are made and proper procedures are being followed. Food, lodging, airfare & expense pertaining to business maybe provided.
Meeting - \$115.00
Conference - \$1,326.00

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers of Hawaii Supplemental
Unemployment Benefits Trust
Trade Name, if any:

P.O. Box, Bldg., Room No., if any 625

Street 677 Ala Moana Blvd.

City Honolulu

State HI ZIP Code + 4 96813-5419

9. Business deals with:

XXa. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Labor Board of Trustee

See that contribution received is for the exclusive purpose of providing benefits to participants and their beneficiaries and defray reasonable expenses of administration.

11.b. Approximate dollar value of such dealing. See attach

12.a. Nature of interest held or income received.

Attend quarterly & annual meeting

12.b. Amount. \$10.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

ASBESTOS WORKERS	
Information for LM-30	
Union member:	Calio, Henry
Fiscal Year:	1/04 - 12/04

MEETINGS

FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	3/4/04	Fisherman's	\$29.51	
	5/14/04	Turtle Bay	\$284.07	
	8/11/04	Fisherman's	\$30.02	
	11/18/04	Fisherman's	\$35.15	
	subtotal		\$358.75	
H&W	3/4/04	Fisherman's	\$9.42	
	5/14/04	Turtle Bay	\$84.28	
	8/11/04	Fisherman's	\$9.58	
	11/18/04	Fisherman's	\$11.22	
	subtotal		\$114.50	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	8/11/04	Fisherman's	\$0.84	
	11/18/04	Fisherman's	\$0.98	
	subtotal		\$9.89	
/Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	8/11/04	Fisherman's	\$0.34	
	11/18/04	Fisherman's	\$0.40	
	subtotal		\$4.09	
TOTAL			\$487.33	

CONFERENCES

FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	5/27-31/04	HUB Conf.	\$1,604.89	
	6/13-18/04	Trust & Admin	\$2,870.47	
	subtotal		\$4,475.18	
SPF	5/27-31/04	HUB Conf.	\$889.60	
	6/13-18/04	Trust & Admin	\$1,555.54	
	subtotal		\$2,425.14	
H&W	5/27-31/04	HUB Conf.	\$475.51	
	6/13-18/04	Trust & Admin	\$850.59	
	subtotal		\$1,326.10	
TOTAL			\$8,226.40	

TRAINING		
INSTRUCTOR'S FEE		
DATE	AMOUNT	PERIOD
3/1/2004	\$300.00	8/03 & 9/03
6/3/2004	\$575.00	1/04 - 4/04
11/1/2004	\$123.00	10/04
subtotal	\$998.00	
LOST TIME WAGES		
DATE	AMOUNT	PERIOD
5/14/2004	\$ 248.00	exam 3/04
11/12/2004	\$ 271.60	field test 10/04
subtotal	\$517.60	
TOTAL	\$ 1,515.60	
RECAP		
Meetings		\$487.33
Conference		\$8,226.40
Training		\$1,515.60
TOTAL		\$10,229.33

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